Atty. Dkt. No. 066243-0219

## THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Nielsen et al.

Title:

PATIENT MONITOR AND

METHOD WITH NON-

INVASIVE CARDIAC OUTPUT

**MONITORING** 

Appl. No.:

10/034,351

Filing Date: 12/20/2001

Examiner:

Scott M. Getzow

Art Unit:

3762

## AMENDMENT TRANSMITTAL

Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Also enclosed:

[X] Declaration under 37 C.F.R. § 1.132 (2 pages).

[X]The fee required for additional claims is calculated below:

Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
61	-	39	. =	22	x	\$18.00	=	\$396.00
9	- `	5	=	4	x	\$86.00	=	\$344.00
· First present	ation	of any Mult	iple D	Dependent Claims:	+	\$290.00	==	\$0.00
~				CLAIM	1S F	EE TOTAL	=	\$740.00

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. EL 979077414 US 12/12/03 (Express Mail Label Number) (Date of Deposit) Andrea Albers (Printed Name) rdreu sl

[ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

\$0.00	Extension for response filed within the first month: \$110.00	[ ]
\$0.00	Extension for response filed within the second month: \$420.00	[ ]
\$0.00	Extension for response filed within the third month: \$950.00	[ ]
\$0.00	Extension for response filed within the fourth month: \$1,480.00	[ ]
\$0.00	Extension for response filed within the fifth month: \$2,010.00	[ ]
\$0.00	EXTENSION FEE TOTAL:	
\$0.00	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): \$110.00	[ ]
\$740.00	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	
\$0.00	Small Entity Fees Apply (subtract ½ of above):	[]
\$740.00	TOTAL FEE:	

- [X] Please charge Deposit Account No. 50-2401 in the amount of \$740.00. A duplicate copy of this transmittal is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2401. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2401. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-2401.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

12/12/03

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Бу

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Marcus A. Burch

Attorney for Applicant

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